## 2016 · 05 · 04 · 03 · 00072808

**FEC** 

Use

Only

## STATEMENT OF **ORGANIZATION**

2016 MAY -4 AM 7:59

(Revised 02/2009)

FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type :12FE4M5 COMMITTEE (in full) is changed) over the lines. eady To Work PAC Road ADDRESS (number and street) (Check if address is changed) ouston CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 2016 c00613018 FEC IDENTIFICATION NUMBER IS THIS STATEMENT NEW (N) **OR** AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. D⊌ni₊Hebron Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS: Office For further information contact: **FEC FORM 1** 

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

6
2016
Ŧ
Ť
Α,
rint,
<u>0</u>
崙
э
_
~
0
1
-
$\Box$
4
-
-
_
ō
Q
000
000
- 00072
-000728
-000728
-0007280
-0007280A
-0007280g

	•						
	F	EC For	m 1 (Revised 02/2009) Page <b>2</b>				
5.							
	Candidate Committee:						
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Name Candi						
	Candi Party	idate Affiliatio	Office State Sought: House Senate President District				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name Candi						
	Part	y Com	mittee:				
	(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.				
	Polit	ical A	ction Committee (PAC):				
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:				
			Corporation Corporation w/o Capital Stock Labor Organization				
			Membership Organization Trade Association Cooperative				
			In addition, this committee is a Lobbyist/Registrant PAC.				
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party				
	(17	×	committee. (i.e., nonconnected committee)				
	In addition, this committee is a Lobbyist/Registrant PAC.						
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	Joint	t Fund	raising Representative:				
	(g) ·	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political				
	(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political				
	<ul> <li>(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more possible committees/organizations, none of which is an authorized committee of a federal candidate.</li> <li>Committees Participating in Joint Fundraiser</li> </ul>						
		1.	FEC ID number				
		2.	FEC ID number C				
		3.	FEC ID number C				
		4.	FEC ID number C				

7

ı

FEC Form 1 (Revised 0	2/2009)	Page 3
Write or Type Committee Name		
Ready To Wor	< PAC	
<del></del>	<del></del>	- development
6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
Sheila Jackso	<u>n, Lee                                   </u>	
Mailing Address	4412 Almeda Road	
	[Housotn]   TX   7	7004  -
	CITY STATE	ZIP CODE
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person	in possession of committee
Full Name Karen	Grays	
Mailing Address	4412 Almeda Road	
	Houston TX 7	7004
Title or Position	CITY STATE	ZIP CODE
Finance Director	Telephone number 832,	- 671,  - 4129
2 Transurary List the name an	d address (phone number optional) of the treasurer of the committee; and t	the name and address of

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Mailing Address

CITY

STATE

ZIP CODE

Page 4

20-6:05:04:08:000728-1

FEC Form 1 (Revised 02/2009)

Full Name of Designated

for grow,

MAN ISSIMMO)

) NOIL

STREET, N.W.

TON, DC 20463

MASHING

299

MU TON

のでは、日本の一の本が、

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.					
Hand Delivered	Date of Receipt				
USPS First Class Mail  Postmarked  4/29/16	Date of Receipt				
USPS Registered/Certified	Postmarked (R/C)				
USPS Priority Mail	Postmarked				
USPS Priority Mail Express	Postmarked				
Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify):	Shipping Date				
Next Business	s Day Delivery				
Received from House Records & Registration Office	Date of Receipt				
Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	eceipt or Postmarked				
	5/4/16				
PREPARER (3/2015)	DATE PREPARED				